CENTE	RTMENT OF HEALTH	AND HUMA ERVICES  E & MEDICALL SERVICES	454	- 11112 11 a	/ Y U FORM	: 10/10/20 I APPROV
TATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION /	(X3) DATE S	). 0938-03 SURVEY
		445181	B. WING_	į ,	100	
AME OF	PROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CO.	<u>. ] 10/(</u> DE	5/2011
OLON	AL HILLS NURSING	ENTER	2	034 COCHRAN RD MARYVILLE, TN 37803	7.48	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF COR	RECTION	1
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD'DE	COMPLETIC DATE
F 161 SS=F	483.10(c)(7) SURE PERSONAL FUNDS	TY BOND - SECURITY OF	F 161			
	ornerwise provide as Secretary, to assure funds of residents de	rchase a surety bond, or ssurance satisfactory to the the security of all personal eposited with the facility.		Preparation of and/or execut of correction does not constitu agreement by the facility of the facts alleged or conclusions se statement of deficiencies. The correction is prepared and exe because of federal and state re	te admission or e truth of the it forth in the plan of cuted salety	
	Lly.	T is not met as evidenced		F161: Surety Bond	quirements	20
į	the facility failed to e	resident trust fund accounts s surety bond, and interview, nsure the amount of the	,	What corrective actions will correct this alleged deficient pro	actice?	
- 4	ilust fund account to:	icient to cover the resident r seventy-three of nts with trust fund accounts.		<ul> <li>a) The facility obtain a surety b on 10/05/2011 to cover the resid accounts.</li> </ul>	ond of \$85,000 lent trust	
F	The findings included Review of the Reside	nt Fund Management		2) Identify residents that have the affected by the alleged defici	e potential to ent practice?	
fi 2	ollowing balances: or 011=\$80,011.79; on 011=\$80,593.17; and	counts) report revealed the 1 August 31, September 30		Residents in the facility have to be affected.	ve the potential	
R	071=\$82,111.16. eview of the facility's coounts revealed the	surety bond for trust fund amount of the bond was		3) What measures will be put int what systemic changes you will ensure that the deficient practice recur?	make to	
Ф	05,000.00.			a) The facility Business Office A audit the resident trust fund mon	hly for 3	
: CC	e Administrator, in the Infirmed the surety b	5, 2011, at 12:05 p.m., with the Administrator's office, ond was not sufficient.		months to ensure that the surety to enough to cover the resident trust quarterly for 6 months.	ond is large	
250 48 S=D RI	BLATED SOCIAL SE	ON OF MEDICALLY RVICE	F 250	How the corrective action(s) we monitored to ensure the deficient not recur and what quality assurant.	practice will	
se	(vices to attain or ma	4		will be put into place?	ice program	
YORY DIE	ECTOPS OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGN	NATURE	On 1 X	(X6)	DATE
ciency sta	atement ending with an as provide sufficient protection of survey whether or not	ferisk (*) denotes a definion at i	III	hay be excused from correcting provi	10/11/	D11

CMS-2567(02-99) Previous Versions Obsolete

Event ID: BNOL11

Facility ID: TN0502

If continuation sheet Page 1 of 31

		RE & MEDICAID SERVICES	····		OMB NO	M APPROVED 0. 0938-0391
PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
	8	445181	B. WING		1	0.000
	PROVIDER OR SUPPLIER		203	ET ADDRESS, CITY, STATE, ZIP CODE 34 COCHRAN RD ARYVILLE, TN 37803	10/	05/2011
K4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
250	Continued From popular practicable physical well-being of each	al, mental, and psychosocial	F 250	a) The business office manager audit results to the Performance Committee for 3 months.	will report the Improvement	
	Intakes: TN000287 Intakes: TN000287 Based on medical review, and interviemedically-related so discharged resident residents reviewed. The findings include Resident #23 was a 22, 2011, with diagn Muscle Weakness.	ecord review, facility policy w, the facility failed to provide ocial services for one t (#23) of twenty-eight ed:  dmitted to the facility on July oses including Rehabilitation, Difficulty Walking, End-Stage ertension and Chronic		b) The Performance Improveme (Executive Director, Director of Assistant Director of Nursing, S Development Coordinator, Med Director, Human Resources Sup Activities Director, Rehabilitation Housekeeping Supervisor, Main Director, Dietary Manger, Admit Coordinator, Social Services Dir Dietician, Business Office Mana Consultant and Medical Director these results; and if deemed neces committee, additional education provided; the process evaluated/fr the audits reviewed, for three mo 100% compliance is achieved.	Nursing, taff ical Records ervisors, on Manager, tenance ssion ector, Register ger, Pharmacy c); will review ssary by the may be	
L h V A In	lanning form complated July 22, 2011, ength of Stay: will dome August 11, 20 ledical record review seessment Summa estructions dated AuCopy of Instruction by beside of resider ignature/Person Residential (1) and the stay of the sta	w of a Discharge		F250: Provision of Medically Reservice  1) What corrective actions will be correct this alleged deficient pract a) Resident #23 was discharged 8/11/2011.	taken to	

TO LI II II, 34 PRONT

EPARTMENT OF HEALTH AND HUMAN

T-967 P004/042 F-511

	RTMENT OF HEALTI		AP RVICES				T-96	FORM	42 F-511 APPROVED
ATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVID	ER/SUPPLIER/CLIA CATION NUMBER:	1	NULTIPLE CONS	TRUC	TION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
			445181	B. WII	NG	.	**	100	Elona a
	PROVIDER OR SUPPLIER  IAL HILLS NURSING (  SUMMARY STA  (EACH DEFICIENCY  REGULATORY OR L	TEMENT OF D	CEDED BY ELLL	ID PREFI TAG	2034 COCH MARYVILI	IRAN LE, TI PROVI		TiON	COMPLETION DATE
Ir 22 core	Continued From pa August 11, 2011L (this section was black Medical record reviee August 11, 2011, rewithout reviewing d/copy of d/c instruction Medical record reviee Progress Notes reversional Services called resident's family to represent the resident's family to represent the Resident's revealed and/or representative/sign discharge summarted formd. Give copy of representative/personaterview by telephon Dotober 5, 2011, at 1 Norker #1 was award lischarged from the fropies of discharge instructional the resident or the discharge instructi	icensed Number of a Nurse vealed, "rec instruction ons"  I w of the So ealed no doct the reside aview the divide medical lent.  I w 'Discharred, "6. c. I w'person resident of the re	signature)" se's Note dated esident left facility is-did not receive cial Service cumentation ent or the scharge lly-related social ge/Transfer of lave resident sponsible for care is discharge care e resident and/or e for care" soft Worker #1 on confirmed Social in twas ut review or Continued er #1 failed to family to review ovide for the resident. In October 5, nice Room, aware the facility without uctions. cial Worker #2		a)  3) V wha ensurecu a)  b) i	Resi facil Clini revie dates appre plant recor famil the d What mt system the so discharing the day with free State of the so discharing the day with free State of the day with free State of the day with free State of the State of the day with free State of the	worker #1 is no longer er sility.	t practice?  I from the effected.  RN), ords for 1 to ensure r discharge he discharge he discharge reatures on the ich scharges in unicating ding Home uipment, Care o home. with other harge 0/30/2011  the nursing process on imployed at imployed a	
MS-2567((	02-99) Previous Versions Obs	olete	Event ID: BNDL11	Fa	cility ID: TN0502		If continua	tion sheet Pa	ne 3 of 31

TO 61 II II.OJ PRODE

T-967 P006/042 F-511

DEPARTMENT OF HEALTH AND HUMA! RVICES VICES

FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICAR	RE & MEDICAID SE	R١
TATEMENT OF DEFICIENCIES	(V4) 500) (D50,000	

ID PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

445181

B. WING\_

A. BUILDING

10/05/2011

AME OF PROVIDER OR SUPPLIER

# COLONIAL HILLS NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD

	INC THEES HORSING CENTER			MARYVILLE,	TN 37803	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF (EACH DEFICIENCY MUST BE PR REGULATORY OR LSC IDENTIFY)	ECEDED BY FULL	PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 252 SS=D	Continued From page 3 failed to call the resident or the to review the discharge instruction medically-related social service.  Interview with the Administrated 2011, at 2:25 p.m., in the Admiconfirmed the resident was disfacility without review or copies instructions. Continued intervier facility failed to call the resident family to review the discharge in provide medically-related social resident.  C/O #28761  483.15(h)(1) SAFE/CLEAN/COMFORTABLE ENVIRONMENT  The facility must provide a safe, comfortable and homelike envirous the resident to use his or her perior the extent possible.  This REQUIREMENT is not meanly: Based on medical record reviewed and interview the facility failed to environment free of odors for one of twenty eight residents reviewed the findings included:  Resident #16 was admitted to the service of the service was admitted to the servi	ctions and provide es for the resident.  If on October 5, inistrator's Office, charged from the confirmed the ew confirmed the tor the resident's instructions and if services for the clean, conment, allowing resonal belongings of the extra evidenced of the provide an eresident (#16) ed.	F 252	d) Med disc prov were revie the devel week week week week week week week we	rformance Improvement Committee of these results; and if deemed by the committee, additional may be provided; the process will be evised and/or the audits reviewed, onths or until 100% compliance is an and Comfortable Home Like ent rective actions will be taken to alleged deficient practice?  # 16 bathroom was stripped and 14/2011. This action removed the the room.  esidents that have the potential to by the alleged deficient practice?	11/4501
CMS-2567	(02-99) Previous Versions Obsolete	Event ID: BNDL11	Facility	/ ID: TN0502	If continuation sheet P	2ane 4 of 31

CENTERS	TENT OF HEALTI FOR MEDICARI F DEFICIENCIES	& MEDICAL	D SERVICES	(X2) M	T-S	FOR OMB N	/042 F-511 ED: 10/10/201 RM APPROVE IO. 0938-039
			445181	,	LDING .	COM	E SURVEY PLETED
	VIDER OR SUPPLIER HILLS NURSING ( SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEF	EDED BY CULL	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP COD  2034 COCHRAN RD  MARYVILLE, TN 37803  PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	RECTION SHOULD BE	0/05/2011 (X5) COMPLETION DATE
Obsomo Challwresion Concerto Chartes SS=D LEAS	entinued From paragraphic pontinued From paragraphic paragraphic paragraphic pontinued From paragraphic paragraphi	rtension, Anxinged Prostate at tour on Oct at #16's room a strong urine tered Nurse (3:50 a.m., in tom confirmed ber 4, 2011, and the bathrous wiew with the tasto a.m., ourine odor preathroom.  Y ASSESSIVITES a resident us ment specifie not less frequisis not met as and review and the astrongles.	cober 3, 2011, at and the e odor.  RN) #5 on the resident's d the foul odor.  at 8:45 a.m., in com, revealed a set 7:40 a.m., in com, revealed	F 276	b) The housekeeping supervision on 10/21/2011.  audit any room that had a restricted and waxed by 1  3) What measures will be put into what systemic changes you will ensure that the deficient practiced recur?  a) Quality rounds are completed Executive Director and the hosupervisor to detect any odors if odors are noted it will be adimmediately.  b) The housekeeping supervisor monthly check of resident room a months or until 100% compliance.  4) How the corrective action(s) we monitored to ensure the deficient not recur and what quality assurance will be put into place?	to place or make to does not weekly by the usekeeping in the facility dressed will make monthly for 3 e is achieved.  The program will report the ance on the soults; and mittee, ovided; the or the the the or the the the or the the the or the	

ENT)	RTMENT OF HEALTI	HAND HUMAN RVICE	S		1-301	PRINTED	142 F-511 : 10/10/2011   APPROVED
ATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	MULTIPLE CONSTRUC	CTION	OMB NO (X3) DATE S COMPLE	. 0938-0391 URVEY
		445181	B. WI	NG	,	400	F10044
	i (EACH DEFICIENC)	CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	2034 COCHRAN WARYVILLE, 1 PROV		ION	5/2011 (X5) COMPLETION DATE
278 A e p A a E as th	Infection, Dementia, Infection, Demontiary of the Infection, Infe	d: admitted to the facility on Joses of Urinary Tract Pyuria, Anxiety and Strok w revealed a significant almum Data Set (MDS) wit ence date of June 14, 201 ), was the most recent MD ed. ered Nurse #6 on October the nursing office, MDS assessment was do MDS assessment confirmed no MDS or completed since June essment soft accurately reflect the st conduct or coordinate the appropriate professionals. est sign and certify that the ted. mpletes a portion of the and certify the accuracy of essment.	e. h 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.76  1) What correct to a) Reside which we MDS condition be affected at least to be b) The command of the quarter of the quar	corrective actions will be to his alleged deficient practice ent #2 had a significant character as completed on 10/04/201 ordinator  Ye residents that have the peed by the alleged deficient practice do by the alleged deficient process. We residents that have the peed by the alleged deficient process. We resident that have the affected.  Resources Utilization Specification of the Middles reconcile against the dent census on 10/10/2011 the process of t	nge MDS, I by the otential to practice?  the potential to practice?  the potential dialist to ensure completed over the to ensure completed over the to ensure the total ensure to ensure the ensure to ensure the ensure to ensure the ensure to ensure the	
no-2007((	ਪਟ-ਬਬ) Previous Versions Obsc	lete Event ID: BNDL	.11 Fac	cility ID: TN0502	If continuation	on sheet Pag	e 6 of 31

T-967 P008/042 F-511

TO 21 11 11.00 INO[]

Dementia, Diabetes Mellitus, Hypertension, and Congestive Heart Failure.

Medical record review of the nurse's note dated June 9, 2011, at 8:15 p.m., revealed "...observed (the resident) lying in floor, bed was low, mat was in place, alarm had sounded..."

Medical record review of the Minimum Data Set (MDS) dated August 9, 2011, Section J, revealed no falls had occurred since the last assessment, May 17, 2011.

a) Resident #21 had MDS attestation on the 8/09/2011 quarterly assessment to include fall, which occurred on 6/09/2011. This attestation was completed on 10/05/2011 by the MDS coordinator.

2) Identify residents that have the potential to be affected by the alleged deficient practice?

Residents in the facility have the potential to be affected.

	RTMENT OF HEALTI		MAN' RVICES			FORM	APPROVED
TEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVID	PER/SUPPLIER/CLIA ICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING	(X3) DATE S	
	·	<u>[</u>	445181	B. WIN	IG	400	
ME OF	PROVIDER OR SUPPLIER	**************************************			STREET ADDRESS, CITY, STATE, ZIP CO		5/2011
	AL HILLS NURSING (				2034 COCHRAN RD WARYVILLE, TN 37803	JE.	8
X4) ID 'REFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	MUST BE PR	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 278	Interview with MDS 2011, at 2:20 p.m.,	Coordinato	rence room	F 2	78 b) The Resources Utilization completed 100% audit or resident falls for the last	the MDS and	
= 280 SS=D	confirmed the reside not included on the assessment. 483.20(d)(3), 483.10 PARTICIPATE PLA	ent's fall on August 9, 2 0(k)(2) RIGI	June 9, 2011 was 011 quarterly	F 28	accuracy of the MDS confalls on 10/21/2011. The that two residents' falls won the MDS. The MDS.	ling related to audit revealed vere not captured coordinator on	
	The resident has the incompetent or other incapacitated under participate in plannin changes in care and	rwise found the laws of ig care and	to be	8	3) What measures will be put what systemic changes you wi ensure that the deficient practing recur?	li make to ce does not	
i k	A comprehensive ca within 7 days after the comprehensive assenterdisciplinary teams on the resident, and disciplines as determind, to the extent pranteresident, the resident, the resident, the resident and representative; and representative; and revised by after the resident and revised by a representative; and revised by a representative.	e completion ssment; properties that included that include	en of the epared by an des the attending h responsibility priate staff in resident's needs, e participation of or the resident's	,	a) Director of Nursing In-service coordinators on 10/20/2011 reprocess which includes the Dirwill print a falls report monthly copy to the MDS coordinator that are recorded accurately. MDS continue to review the medical documentation for falls and conthe events meeting where residence in the events meeting where residence in the Assistant Director of National States of the MDS completed for the MDS completed for the MDS completed for the manufacture of the MDS completed for the	garding the new ector of Nursing and provide a consure the fall coordinator will records for the atinue to attendent falls are	
e Fi by B th	nd revised by a team ach assessment.	is not met ord review lluate and re #2), and fail 8) to a care	as evidenced and interview, evise the care		coding for falls weekly times 4 times 2 months.  4) How the corrective action(s) monitored to ensure the deficier not recur and what quality assur will be put into place?  a) Assistant Director of Nurses or results of the MDS audit for accifalls to the Performance Improve Committee for 3 months.	will be t practice will ance program  vill report the	
S-2567(0	2-99) Previous Versions Obso	plete	Event ID: BNDL11	Fac	ility ID: TN0502 If conf	inuation sheet Pag	je 8 of 31

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CENT	RTMENT OF HEALTI ERS FOR MEDICARE	HAND HUMP RERVICES	2		T	PRINTE FOR	042 F-511 D: 10/10/2011 M APPROVED
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144	No.	445181	B. WIN	NG		1	
	PROVIDER OR SUPPLIER			STREET ADDRES	S. CITY, STATE, ZIP CO		05/2011
	HAL HILLS NURSING C	3		2034 COCHRA	N RD	DDE	S#S
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F 280	Continued From pag	ge 8	F 2	80			
	The findings include	d: nitted to the facility on July		will revi	erformance Improvence iew these results; and in ry by the committee, ac	f deemed Iditional	
	Infection, Dementia,	Pyuria, Anxiety and Stroke.		evaluate	on may be provided; the d/revise and/or the audonths or until 100% con the control of the contro	its reviewed for	
	September 12, 2011, physical decline."	v of a Progress Note dated revealed "Resident in					11/10/501
	AVIII, revealed the ca	Plan reviewed tune 22		1) What correct the	ight to Participate Pla corrective actions will his alleged deficient pro	be taken to actice?	1002
	Medical record review dated October 3, 201	of the Physician's Order , "Consult Hospice"		refle	ident #2 care plan was S coordinator on 10 /1. cct the resident physica dent #17 was invited b	3/2011 to I decline.	
i d	office, confirmed the In lad not been updated	red Nurse (RN) #6 on 58 a.m. in the nursing hterdisciplinary Care Plan or revised to reflect the		resid the c	dinator on 10/18/2011 lent attended with docu are plan conference re-	and the imentation on cord.	
F	esident s current statt. Resident #17 was adm	itted to the facility on April s of Chronic Obstructive		resid	dent #18 was invited by dinator on 10/19/2011 ent attended with docu are plan conference red	and the	
C	ongestive Heart Failu	re.	]	2) Identify be affected	residents that have the	potential to	
th	e resident scored a 1	of the resident's Minimum August 9, 2011, revealed 5 on the Brief Interview of		to be	lents in the facility hav affected.		
ini	erview with the reside	hich indicated the resident		Super Mana	lisciplinary Team (Acti visor, Register Dietitia ger, Social Services Di Dilitation Manager and	n, Unit	
11	:40 a.m., in the reside	nt's room, confirmed the	İ				
MS-2567(0.	2-99) Previous Versions Obsole	te Event ID: BNDL11	Facil	ity ID: TN0502	If conti	nuation sheet Pag	29 9 of 31

CENT		HAND HUMA! SRVICES		r	Т-967	FORM	42 F-511 T 10/10/2011 APPROVED 2 0938-0391
ATEM ID PLA	ENT OF DEFICIENCIES N'OF CORRECTION	(X1) PRÓVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	MULTIPLE CONSTRU	CTION	(X3) DATE S	SURVEY
AME O	F PROVIDER OR SUPPLIER	445181	B. VVI	NG		10/0	5/2011
	NIAL HILLS NURSING (	CENTER	,	STREET ADDRESS 2034 GOCHRAN MARYVILLE,		•	
(X4) ID PREFIX TAG	( LACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PRO IX (EACH	VIDER'S PLAN OF CORREC' CORRECTIVE ACTION SHOT EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
281 SS=D	resident had not be meetings. Further in confirmed the resider care plan meetings, care plan meeting.  Resident # 18 was a 20, 2011, with diagn Osteoarthritis, Hyper Heart Failure.  Medical record revier 16, 2011, revealed the BIMS which indicting cognitively intact.  Interview with the resident had not been meetings. Further intoconfirmed the resident care plan meetings, and interview with Social 1, 2011, at 9:45 a.m., in confirmed the resident had meeting.  Interview with Social 1, 2011, at 9:45 a.m., in confirmed the resident had meeting.  483.20(k)(3)(i) SERVIEW PROFESSIONAL STATE The services provided must meet professional files REQUIREMENT by:	en invited to care plan interview with the resident and had no knowledge of any and would like to attend a admitted to the facility on May oses of Weakness, rtension and Congestive wo fithe MDS dated August he resident scored a 13 on sated the resident was aident on October 4, 2011, at ident's room, confirmed the no invited to care plan erview with the resident at had no knowledge of any and would like to attend.  Norker #3 on October 3, the social worker's office, to fa care plan meeting not attended a care plan CES PROVIDED MEET INDARDS or arranged by the facility at standards of quality.	F 281	a) Interdithe Reson 9/30/201 care plan Care Plan Care Plan Care plan care plan care plan meet families a rooms to to care plan condition d) The Direfamily/resifamilies/replan meetitimes 2 mo	ector of Nursing will audit adents identify with a physickly time 4 weeks and mon	vith physical re care plan re care re ca	
wi3•2567	(02-99) Previous Versions Obso	lete Event ID: BNDL11	Fac	cility ID: TN0502	If continuation	on sheet Pag	e 10 of 31

Chronic Back Pain, and Osteoarthritis.

Medical record review of a pharmacy

recommendation dated July 26, 2011, revealed a

affected.

he affected by the alleged deficient practice?

Residents in the facility with pharmacy

recommendations have the potential be

ATEMENT OF DEFICIENCIES (X1) PRO	OVIDER/SUPPLIER/CLIA	<u> </u>		OMB NO	APPROVE 0. 0938-039
	ITIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION . NG	(X3) DATE S	BURVEY
	445181	B. WING			•0
AME OF PROVIDER OR SUPPLIER		Si	REET ADDRESS, CITY, STATE, ZIP CO	10/0	05/2011
OLONIAL HILLS NURSING CENTER			2034 COCHRAN RD MARYVILLE, TN 37803	<i>,</i> 02	20 20
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recommendation from the p treating physician/nurse prathe dosage of Namenda 5 m resident #18 from once daily Continued medical record recommendation was review Practitioner (NP) August 23, concurred with the recomme an order to increase the daily mg to BID.  Medical record review of the Administration records for readugust 2011 and September facility failed to implement the until September 5, 2011, residuses of Namenda 5 mg for a linterview with the ADON (Assinursing) on October 5, 2011, facility conference room, confimplementing the physician's #17 and #18.  Interview with the DON (Director October 5, 2011, at 1:20 p.m., delay in implementing the physician's #17 and #18.  Interview with the DON (Director october 5, 2011, at 1:20 p.m., delay in implementing the physician's #17 and #18.  284 483.20(I)(3) ANTICIPATE DISTORT POST-DISCHARGE PLAN  When the facility anticipates dimust have a discharge summate post-discharge plan of care that the participation of the resident family, which will assist the resident family or her new living environments.	citioner, to increase and prescribed for to twice daily (BID). View revealed the red by the Nurse 2011. NP #2 Indation, and wrote redocation and wrote redoc	F 284	b) 100 percent audit of the pharmacy recommendation reviewed on 10/20/11 by Coordinator to ensure the recommendations have b  3) What measures will be put what systemic changes you wiensure that the deficient practicecur?  a) Medicare Coordinator was in 10/04/2011 by the Director of regarding the new process on precommendation follow-up. The providing the pharmacy recommendation responses two times per week to has responded and addressed recompletion weekly for 4 weeks, for 2 months.  4) How the corrective action(s) monitored to cusure the deficient not recur and what quality assure will be put into place?  a) The Director of Nursing will audit of the pharmacy recommendation responses to the deficient of recur and what quality assure will be put into place?  a) The Director of Nursing will be put into place?  b) The Performance Improvement will review these results; and if donecessary by the committee, additional addition	ons were the Medicare at all pharmacy een addressed.  into place or II make to the does not  n-serviced on Nurses obtainacy this includes mendation to the status of physician physician the physician the monthly then monthly  it report the mendation the program  II report the mendation the provement  it Committee the mendation the committee the committee	
	į		education may be provided; the p	rocess	1

EPARTMENT OF HEALTH AND HUMAN PRINTED: 10/10/2011 RVICES ENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445181 10/05/2011 WE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD OLONIAL HILLS NURSING CENTER MARYVILLE, TN 37803 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5). COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 284 Continued From page 12 F 284 evaluated/revised and/or the audits reviewed, This REQUIREMENT is not met as evidenced for three months or until 100% compliance is 14/4/2011 achieved. Based on medical record review, facility policy review, and interview, the facility failed to provide F284: Post Discharge Plan education on the post-discharge plan of care for one resident (#23) of five residents reviewed. 1) What corrective actions will be taken to correct this alleged deficient practice? The findings included: Resident #23 was discharged on Resident #23 was admitted to the facility on July 8/11/2011. 22, 2011, with diagnoses including Rehabilitation, 2) Identify residents that have the potential to Muscle Weakness, Difficulty Walking, End-Stage be affected by the alleged deficient practice? Renal Disease, Hypertension and Chronic Obstructive Pulmonary Disease. Residents who are discharged from the facility has the potential be affected. Medical record review of an Initial Discharge Planning form completed by Social Services, Clinical Compliance Nurses (RN), reviewed 100% discharge records for dated July 22, 2011, revealed, "...Anticipated dates of 8/11/2011 - 9/30/2011 to ensure Length of Stay: will d/c (discharge) to (family's) appropriate documentation for discharge home August 11, 2011...! planning by social services. The discharge records were also reviewed for Medical record review of a Discharge family/resident and nurse signatures on Assessment Summary and Discharge the discharge instruction form... Instructions dated August 8, 2011, revealed, "...Copy of Instructions Given To: Resident (with 3) What measures will be put into place or what systemic changes you will make to box beside of resident checked)...Resident's ensure that the deficient practice does not Signature/Person Receiving Instructions: (this recur? section was blank with no signature)...Date: August 11, 2011...Licensed Nurse's Signature: Regional Vice President in-serviced the (this section was blank with no signature)..." social services departments on discharge planning process on 9/30/2011 and Medical record review of a Nurse's Note dated 10/20/2011. August 11, 2011, revealed, "...resident left facility Director of Nurses in-serviced the nursing without reviewing d/c instructions-did not receive staff on the discharge planning process on copy of d/c instructions..." 10/07/2011. Medical record review of the Social Service

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T-967 P015/042 F-511

)EPAF	RTMENT OF HEALT	H AND HUMAI TRVICES			PKINI	ED: 10/10/2011
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D PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUC	CTION (X3) DAT	E SURVEY
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In 20 cc to pla	resident's family to post-discharge plar Review of facility pot the Resident' revea and/or representative sign discharge sum formd. Give copy representative/personal formed with the Di October 3, 2011, at DON was aware the from the facility with reducation on the post-discharged from the amily education on the amily education on the care.  Interview with Social Worker #1 was award discharged from the amily education on the amily education on the care.  Interview with Social Worker was discharged from the amily education on the care.  Interview with Social Worker was discharged from the amily education on the care.  Interview with Social Worker was discharge plan of care.  Interview with the Admonth at 2:25 p.m., in onfirmed the facility for the resident or family an of care.	realed no documentation led the resident or the provide education on the lof care for the resident.  Plicy "Discharge/Transfer of led, "6. c. Have resident re/person responsible for care mary and post discharge care of form to the resident and/or on responsible for care"  Irector of Nursing (DON) on 1:30 p.m., confirmed the resident was discharged out resident or family st-discharge plan of care.  The with Social Worker #1 on 10:00 a.m., confirmed Social the resident was facility without resident or the post-discharge plan of  Worker #2 on October 5, the Conference Room, red from the facility without cation on the f care.  Ininistrator on October 5, the Administrator's Office, ailed to provide education by on the post-discharge	F 284	d) Med disc was come revisit the contract week week week week week week week wee	sial worker #1 is no longer employed facility.  dical Records Director will audit tharged records to ensure education provided and discharge plans were pleted. Audit will be completed and ewed by the Director of Nursing using discharge record audit weekly time 4 ks and monthly for 2 months.  The corrective action(s) will be does not be deficient practice will and what quality assurance program at into place?  The interpretation is a provided to the promance Improvement Committee for these results; and if deemed by the committee, additional may be provided; the process revised and/or the audits reviewed, nonths or until 100% compliance is	ng f
/IS-2567(0	2-99) Previous Versions Obs	olete Event ID: BNDL11	Facility	ID: TN0502	If continuation sheet F	Page 14 of 31

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DEPARTMENT OF HEALTH AND HUMAN

DEPAR	RTMENT OF HEALT	H AND HUMAN FRVICES			1-301 PU11/V42 F-511
SENTE	ERS FOR MEDICAR  NT OF DEFICIENCIES	E & MEDICAIDRVICES	<del></del>		FORM APPROVED OMB NO. 0938-0391
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F 284	Continued From pa	age 14	F 284		
	C/O #28761				
				F315: Restore Bladder	
F 315 SS=D	483.25(d) NO CAT RESTORE BLADD	HETER, PREVENT UTI, ER	F 315	What corrective actions y correct this alleged deficien	viil be taken to t practice?
	assessment, the far resident who enters indwelling catheter resident's clinical oc catheterization was who is incontinent of treatment and service	ent's comprehensive cility must ensure that a the facility without an is not catheterized unless the ondition demonstrates that necessary; and a resident of bladder receives appropriate ces to prevent urinary tract store as much normal bladder		a) Resident #20 had a bl completed on 10/05/20 nurse and bladder patte completed on 10/12/20 placed on a schedule to resident was screened of therapy for the incontin	11 by licensed on tracking was 11 and resident illet program. The on 10/21/11 by tence program.
7 7 4 4 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8	This REQUIREMEN by: Based on medical re facility policy, observ facility failed to imple	T is not met as evidenced ecord review, review of the ation, and interview, the ment an individualized ram for one (#20) of s reviewed.		a) Residents in the facility incontinent require blad the facility has the potents. b) Nurse Supervisors will a audit of occasionally incobladder assessments on Resident will be placed individualized bladder tras indicated.	that are der training from tial be affected.  complete 100% continent resident 10/28/2011, on an aining program
N di	March 13, 2007, with Convulsions, Depress Sychosis. Tedical record review ated May 3, 2011, reequently incontinent	mitted to the facility on diagnoses including sive Disorder, and of the Minimum Data Set evealed the resident was of bladder. Medical record n Data Set dated July 26,		What measures will be put what systemic changes you we ensure that the deficient practiceur?      Director of Nurses and measure the license on completion of the Black and implementing an indibladder training program	ill make to tee does not  ursing supervisor ad nursing staff dder assessment vidualized
MS-2567(	02-99) Previous Versions Ob	solete Event ID: BNDL11	Facility II	D: TN0502 If co	ntinuation sheet Page 15 of 31

T-967 P017/042 F-511

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DEPA CENT	RTMENT OF HEALT ERS FOR MEDICAR	H AND HUMA! FRVICES E & MEDICAID ∪ RVICES			FORM APPROX
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AME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	10/05/2011
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323 H S=D T e a	Medical record revisions and Bladder revealed the reside toileting, timed or sireview of the Assest Training dated May (continue) check (a Review of the facility Assessment, reveal Assessment for Box completed if the resident as been a change quarter, and the sconcompleting the Urina Assessment"  Observation on October the Director of Nursir office, confirmed not a self release belt.  Interview on October the Director of Nursir office, confirmed not a self release belt.  Assessment for August in individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad been established for the Basessment for August individualized blad blad been established for the Basessment for August individualized blad blad blad blad blad blad blad bla	ew of the Assessment for Training dated May 9, 2011, in twas a candidate for cheduled voiding. Continued sment for Bowel and Bladder 9, 2011, revealed, "cont ind) change"  If y policy, Guidelines to ed, "Quarterly: An ident is incontinent. If there from the last quarter to this re is 0-14, proceed to ary Incontinence  The seated in a wheelchair with the powel and bladder in a wheelchair with the powel and bladder is that been completed and ider training program had the resident.  ACCIDENT SION/DEVICES  The that the resident is free of accident hazards.	F 323		sment forms and clinical meeting tor of Nursing, Nursing, Nursing, Nursing, nagers, and an ogram and Assistant audit the Bladder on of an ining program conthly for 2  Livill be not practice will rance program  Assistant aport the results and resident er training to Improvement ent Committee and if deemed additional the process and its said resident enterprocess enterp
1\$-2567(i	02-99) Previous Versions Obs	olete Event ID: BNDL11	Faci	lity ID: TN0502 If contin	uation sheet Page 16 of 31

T-967 P018/042 F-511

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F 323	Continued From pa	age 16		F 3	23				
į					F	323: Fi	ree of Accident		
	This REQUIREMEN	NT is not m	net as evidenced		1)	What o	corrective actions will be pis alleged deficient practi	taken to ce?	
	Based on medical and interview, the factorices correctly for twenty-eight resider.  The findings include	acility failed r two (#10 a its reviewed	to apply restraint		а)	reap resto phys disci place	ident #10 restraint device plied correctly on 10/04/2 prative nursing assistant. sician order date 10/04/20 harge the posey belts and a resident in broda chair versident to poor safety aware.	2011 by the The 11 to wheelchair,	Wilder -
-	Resident #10 was a 23, 2011, with diagn Cerebrovascular Ac Thrive.	ioses includ cident, and	ing Dementia, Adult Failure to		b) 2)) he	corre dentify	dent #3 restraint device we extly on 10/04/2011 by nu residents that have the part of the desired that have the part of the resident of the state of the resident that have the part of the state of t	rsing staff.	
h	Medical record revie lated September 20 and severely impaire extensive assistance	, 2011, reve ed cognitive	ealed the resident		a)	order	lents in the facility with p s for restraint device have tial to be affected.	hysician the	
M Se Cl sc fro wa	fedical record review ated August 22, 2010 have a restraint be heelchair due to a heelcha	w of a physically of a pursing the second of a nursing revealed "Caracter of a second of the second	cian's order I the resident was hen in the Is. Ig note dated Called to room by ), resident had as on knees in belt loosened, from w/c.		(b)	reside prope The o with t	rative Nurse Aide completed by the conservation on 10/04/20 and the constraint desire application of the restraint between 100% of the restraint application.  The constraint application of the restraint application of the restraint application.  The properties of the conservation of th	11 with vice for int belt, complaint	
ob	ck in w/c, belt tighte tained"	ned until sr	naller one		800				15 No. 16

1-967 P019/042 F-511

TM\_7T II I1:30 FROM-T-967 P020/042 F-511 EPARTMENT OF HEALTH AND HUMAN **RVICES** PRINTED: 10/10/2011 ENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445181 ME OF PROVIDER OR SUPPLIER 10/05/2011 STREET ADDRESS, CITY, STATE, ZIP CODE OLONIAL HILLS NURSING CENTER 2034 COCHRAN RD MARYVILLE, TN 37803 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REFIX (X5) COMPLETION **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 17 F 323 3) What measures will be put into place or Observation on October 3, 2011, at 10:45 a.m., what systemic changes you will make to revealed the resident lying on the bed, sleeping, ensure that the deficient practice does not with a fall mat on the floor, beside the bed. recur? Interview on October 4, 2011, with the Director of The Restorative Nursing Assistants, Nursing (DON), at the nursing station, confirmed previously trained by the Restorative

Nursing (DON), at the nursing station, confirmed after completing the investigation of the fall on September 28, 2011, the restraint belt was not applied correctly and was too loose at the time of the fall.

Resident #3 was admitted to the facility on October 23, 2010, with diagnoses including Hypertension, Dementia, and Failure to Thrive.

Medical record review of a physician's order dated June 3, 2011, revealed, "...(lap) belt while (up) in w/c (wheelchair) due to lower ext. (extremity) weakness (and) poor safety awareness due to dementia..."

Review of the application instructions for the lap belt revealed, "...lay the lap belt across the patient's thighs...Bring the ends of the connecting straps down at a 45-degree angle between the seat and the wheelchair sides...criss-cross the straps behind the chair and draw them around the opposite side kick spurs..."

Observation and interview on October 4, 2011, at 8:55 a.m., with RN supervisor #3 revealed the resident in the hall seated in a wheelchair with a lap belt. Continued observation and interview revealed the right strap of the belt between the back of the wheelchair and the wheelchair seat, the left strap of the belt between the wheelchair side and wheelchair seat. Continued interview

- a) The Restorative Nursing Assistants, previously trained by the Restorative nurse on proper application of the Posey belt, completed competencies covering proper application of posey belt with the Certified Nursing Assistants beginning 10/4/2011.
- b) Restorative Nursing Assistants complete daily audit of proper application of posey belts daily for four weeks, weekly for 2 months. Director of Nurses reviews audit to ensure staff compliance with proper application.
- c) Restraint Reduction Committee which includes the Assistant Director of Nursing, Unit Managers, Social Services, Therapy, and Activities reviewed residents with posey belt restraints for possible reduction on 10/18/11 and will continue restraint reduction review weekly. Orders were obtained for residents that were appropriate for restraint reduction.
- d) The Director of Nursing will audit the Restorative Assistants daily review of proper application of posey belt weekly for 4 weeks and monthly for 2 months.

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ENTE	RS FOR MEDICAR						FORM	MAPPROVED 0. 0938-0391
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E	with RN Supervisor was applied incorre 483.25(I) DRUG RI	#5 confirmedly. EGIMEN IS RUGS g regimen is An unnecessive of for excessive of the excessiv	must be free from essary drug is any lose (including sive duration; or without adequate presence of ndicate the dose ued; or any love.  Sessment of a se that residents ic drugs are not eychotic drug specific condition in the clinical antipsychotic uctions, and clinically	F 3	4) How moniton not recu will be part of the part of th	the corrective action(s) will be tassed deficient properties and what quality assurant into place?  ector of Nursing and/or Assector of Nursing will report he Posey belt application a formance Improvement Coonths.  Performance Improvement review these results; and if sary by the committee, addition may be provided; the ated/revise and/or the audwed, for three months or unliance is achieved.  Bug Regimen  Orrective actions will be tast alleged deficient practice ient #4 pharmacy recomment presponse. Nurse Practition the definition of the pharmacy recommendation as our residents that have the portestions that have the portestions that have the portestion that that the properties of the pro	ce program  ssistant In the results audit to the committee for  co	11/4/2011
th tir	his REQUIREMENT y: Based on medical re- le facility failed to im nely, resulting in unr r one (#4) of twenty-	cord review plement ph	and interview, ysician's orders		a) Reside	by the alleged deficient property in the facility with phonendations have the poter	ractice?	
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F # a 2 M Ai Si di 20 M Infact	Resident #4 was ac November 25, 2008 Depressive Disorder Pulmonary Disease Weakness.  Medical record reviewed recommendation by Dhysician/nurse practitioner 15 mg (resulting in 15 mg) anti-depressant presightly, at bedtime, eview revealed no consumendation was practitioner (NP) until 2 concurred with the norder to discontinue 11.  Idedical record reviewed discontinue the medical record review continue the medical resulting in 13 intrazipine 15 mg.	dmitted to the facility on B, with diagnoses including er, Chronic Obstructive er, and Generalized Muscle ew of a pharmacy lited July 26, 2011, revealed a sthe pharmacy, to the treating citioner to discontinue milligrams), an escribed for resident #4 to take Continued medical record documentation the s reviewed by the Nurse if August 23, 2011 when NP erecommendation and wrote ue the Mirtazipine August 23,	F 329	a) What what syst ensure the recur?  a) Medica 10/04/201 regarding recommen providing the physic Medicare the pharm responses has responses has responsed the signed physician the current b) The Dire audit of the physician response audit of the physician response the response that the signed the signed physician the current the current to contact the physician response to the current to contact the current the current to contact the current the current to contact the current the current to contact the current the	percent audit of the July 2 rmacy recommendations we lewed on 10/20/11 by the hordinator to ensure that all pommendations have been a measures will be put into a temic changes you will made at the deficient practice do have Coordinator was in-served to the Director of Nurse, the new process on pharm and the pharmacy recommendation follow-up. This into the pharmacy recommendation physically recommendation physicacy recommendation will track the hordinator will write order for any recommende by the physician when she recommendation back from the pharmacy recom	viced on es not viced on es orders	

resident #4.

implementing the physician's orders resulted in unnecessary doses of Mirtazipine administered to

The facility must provide routine and emergency

drugs and biologicals to its residents, or obtain

F 425

4) How the corrective action(s) will be monitored to ensure the deficient practice will

will be put into place?

not recur and what quality assurance program

The Director of Nursing will report the

result of the pharmacy recommendation

DEPARTMENT OF HEALTH AND HUMA ERVICES PRINTED: 10/10/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ID PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 445181 10/05/2011 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COLONIAL HILLS NURSING CENTER 2034 COCHRAN RD MARYVILLE, TN 37803 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 425 Continued From page 20 F 425 them under an agreement described in §483.75(h) of this part. The facility may permit andit and telephone orders written to the Performance Improvement Committee. unlicensed personnel to administer drugs if State law permits, but only under the general b) The Performance Improvement Committee supervision of a licensed nurse. will review these results; and if deemed necessary by the committee, additional A facility must provide pharmaceutical services education may be provided; the process (including procedures that assure the accurate evaluated/revise and/or the audits reviewed, for acquiring, receiving, dispensing, and three months or until 100% compliance is 11/4/204 administering of all drugs and biologicals) to meet achieved. the needs of each resident. The facility must employ or obtain the services of F425: Pharmaceutical Services a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy 1) What corrective actions will be taken to correct this alleged deficient practice? services in the facility. Resident #17 received Spiriva 4/29/2011 as ordered by the physician. Resident's Medication Administration This REQUIREMENT is not met as evidenced Record was audited by the Director of Nursing 10/2001 for June, July, August, Based on medical record review and interview, and September 2011 MARs and no other the facility failed to provide pharmaceutical doses of the Spiriva were missed. services in a timely manner for one resident (#17) c) Nurse received one on one re-education on of twenty eight residents reviewed. process of contacting the pharmacy and supervisor to ensure that medication is The findings included: obtained in a timely manner and that no dosage is missed on 5/3/2011. Resident #17 was admitted to the facility on April 5, 2009, with diagnoses including Shortness of 2) Identify residents that have the potential to be affected by the alleged deficient practice? Breath, Hypertension, Chronic Obstructive Asthma, and Psychosis. Residents in the facility with physician orders for Spiriva have the potential to be Medical record review of the Medication affected. Administration Record dated April 2011, revealed Nursing Supervisors began auditing the the resident did not receive Medication Administration Records daily "...Spiriva/Handihaler(bronchodilator) 18 mcg on 10/12/11 to ensure no missed doses of medication.

T-967 P023/042 F-511

EPARTMENT OF HEALTH AND HUMA PRINTED: 10/10/2011 RVICES FORM APPROVED ENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445181 10/05/2011 ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD OLONIAL HILLS NURSING CENTER MARYVILLE, TN 37803 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 425 Continued From page 21 F 425 (micrograms) 1 cap(capsule)..." on April 25, 26, 27, and 28, 2011, at 8 a.m. 3) What measures will be put into place or what systemic changes you will make to Medical record review of Nurses's Notes dated ensure that the deficient practice does not May 2, 2011, late entry, revealed "...Spiriva...held recur? for 4 days with no MD (medical doctor) order to Staffing Development Coordinator hold til new one arrived..." inserviced licensed nursing staff on 5/5/11 on preventing medication errors. Interview with the Director of Nursing (DON) on October 3, 2011, at 9:12 a.m. in the Director of Director of Nursing inserviced the Nursing office, confirmed the resident did not licensed nurses on 10/17/11 on receive the medication for four days and the Medication Administration which facility failed to acquire the medication in a timely includes the process when medication is manner. unavailable. F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT F 428 Nursing Supervisors began auditing the IRREGULAR, ACT ON SS=F Medication Administration Records daily on 10/12/11 to ensure no missed doses of The drug regimen of each resident must be medication. reviewed at least once a month by a licensed The Director of Nursing will review the pharmacist. audit of Medication Administration Record for completion weekly for 4 weeks, then monthly for 2 months. The pharmacist must report any irregularities to the attending physician, and the director of 4) How the corrective action(s) will be nursing, and these reports must be acted upon. monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? The Director of Nursing will report the result of the Medication Administration This REQUIREMENT is not met as evidenced Audit to the Performance Improvement Committee. Based on medical record review and interview, b) The Performance Improvement Committee the facility failed to respond timely to a pharmacy will review these results; and if deemed recommendation for five (#4, #17, #18, #9, and necessary by the committee, additional #20) of twenty-eight residents reviewed. education may be provided; the process evaluated/revised and/or the audits reviewed, The findings included: for three months or until 100% compliance is achieved.

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CENTE FATEMEN VD PLAN	PROVIDER OR SUPPLIER  IAL HILLS NURSING (  SUMMARY STA (EACH DEFICIENCY	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	2034 CO MARYV	DDRESS CHRAI ILLE, PRO (EACH	CTION (X3) DA CO	5/042 F-511 ILEU: 10/10/2011 DRM APPROVED NO. 0938÷0391 ATE SURVEY MPLETED  10/05/2011
F SE F N re true por be conditions and reconstructions are the conditions are the conditi	Depressive Disorde Pulmonary Disease Weakness.  Medical record reviewed recommendation day physician/nurse prace Mirtazipine 15 mg (no anti-depressant presenting of the received or reviewed (NP) until August 23, concurred with the recorder to discontinue to a 28 day delay in discontinue to a 28 day delay in discontinue.  Resident #17 was additionable to a 28 day delay in discontinue to a 28 day delay in discontinue to a 28 day delay in discontinue.  Resident #17 was additionable to a 28 day delay in discontinue to a 28 day	mitted to the facility on a with diagnoses including r. Chronic Obstructive and Generalized Muscle wo f a pharmacy fed July 26, 2011, revealed a the pharmacy to the treating etitioner to discontinue hilligrams), an ecribed for resident #4 to take ecord review revealed no ecommendation was by the Nurse Practitioner 2011 when NP #2 commendation and wrote an he Mirtazipine, resulting in continuing the medication.  mitted to the facility on April es including Shortness of and Congestive Heart  revealed a pharmacy ed July 26, 2011, for the explement a gradual dose mg (milligrams), if #17 to take nightly at ord review revealed no commendation was by the Nurse Practitioner.	F4	F4 Ir	What what wrect if Residates on 8 9/5/ phar Residates for a declion 9/ Residated for recon writte Residated for resigner recon writte Residated for resigner recon writte Residated for resigner recon written Residated for resigner recon written Residated for resigner recon written Residated for resigner recon resigner recon written Residated for resigner recon reconstruction resigner reconstruction resigner reconstruction r	DEFICIENCY) rug Regimen Review Report	

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EPARTMENT OF HEALTH	AND HUMAN	RVICES
ENTERS FOR MEDICARE	& MEDICAID &_	RVICES

*TEMENT OF DEFICIENCIES* ) PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

OMB NO. 0938-0391 (X3) DATE SURVEY

445181

B. WING

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TAG

F 428

COMPLETED

10/05/2011

(X5) COMPLETION

DATE

ME OF PROVIDER OR SUPPLIER

(X4).ID

REFIX

# OLONIAL HILLS NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD MARYVILLE, TN 37803

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)					
F 428	Continued From page 23					
	concurred with the recommendation and wrote an order to discontinue the scheduled dose of					

Ambien 5 mg nightly and continue the medication on an as needed (PRN) basis only. This resulted in a 28 day delay in initation of the medication reduction.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

Resident #18 was admitted to the facility on May 20, 2011, with diagnoses including Dementia, Chronic Back Pain, and Osteoarthritis

Medical record review of a pharmacy recommendation dated July 26, 2011, revealed a recommendation by the pharmacist, to the treating physician/nurse practitioner to increase the dosage of Namenda 5mg, prescribed for resident #18 to take once daily. The pharmacy recommended that the dose be increased to Namenda 5mg twice daily (BID),

Continued medical record review revealed no documentation the recommendation was received or reviewed by the Nurse Practitioner (NP) until August 23, 2011 when NP #2 concurred with the recommendation and wrote an order to increase the daily dose of Namenda 5 mg to BID. This resulted in a 28 delay in initiating the medication change.

Interview with the ADON (Assistant Director of Nursing) on October 5, 2011, at 7:30 a.m., in the facility conference room, confirmed the delays in processing pharmacy recommendations and/or medication changes.

Interview with the DON (Director of Nursing) on October 5, 2011, at 1:20 p.m., also confirmed the delay in processing pharmacy recommendations

### 2) Identify residents that have the potential to be affected by the alleged deficient practice?

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

- Residents in the facility with pharmacy recommendations have the potential be effected.
- 100 percent audit of the July 26-28, 2011 and August 26-29, 2011 pharmacy recommendations were reviewed on 10/20/11 by the Medicare Coordinator to ensure that all pharmacy recommendations have been addressed.
- 3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?
- a) Medicare Coordinator was in-serviced on 10/04/2011 by the Director of Nurses regarding the new process on pharmacy recommendation follow-up. This includes providing the pharmacy recommendation to the physician within a timely manner and Medicare Coordinator will track the status of the pharmacy recommendation physician responses two times per week until physician has responded and addressed recommendation.
- b) The Director of Nursing will review the audit of the pharmacy recommendation physician responses to ensure timely completion weekly for 4 weeks, then monthly for 2 months.

risk for cerebrovascular adverse events..."

report dated June 23, 2011, revealed

Continued review of the pharmacy consultant

"...Physician's Response: I have re-evaluated this therapy and wish to implement the following changes: (decrease Seroquel @ (at) HS (hour of sleep)-25 mg (miligrams)..." Continued review of the pharmacy consultant report dated June 23.

T-967 P028/042 F-511

DEPARTMENT OF HEALTH AND HUMA! RVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

ATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;

(X2) MULTIPLE CONSTRUCTION

PRINTED: 10/10/2011 FORM APPROVED OMB NO. 0938-0391

A. BUILDING

(X3) DATE SURVEY COMPLETED

445181

B. WING

10/05/2011

AME OF PROVIDER OR SUPPLIER

### COLONIAL HILLS NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP GODE 2034 COCHRAN RD

			MARYVILLE,	TN 37803	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 428	Continued From page 25 2011, revealed NP #2 signed the report as reviewed on July 27, 2011.  Interview on October 5, 2011, at 9:00 a.m., with the Director of Nursing, in the conference room, confirmed the delay in notifying the Nurse Practitioner or Physician of the pharmacy recommendation from June 23, 2011, until July 27, 2011, (34 days).  Resident #20 was admitted to the facility on March 13, 2007, with diagnoses including Convulsions, Depressive Disorder, and Psychosis.	F 428		efection Control	
i	Medical record review of a Pharmacy Consultant Report dated July 27, 2011, revealed, "I have re-evaluated this therapy and wish to implement the following changes:DC (Discontinue) Risperdal (and) observe closely for (increased) psychosis(signed by the psychiatric nurse practitioner on August 23, 2011)"  Medical record review of a physician's order dated August 25, 2011, revealed, "DC Risperdal"		a) Resi	corrective actions will be taken to ais alleged deficient practice?  ident #2 care giver, CNA #1 received ervice education on proper hand iene on 10/07/2011 by the Staff elopment Coordinator, observed for the result of the staff Development according to facility by the Staff Development redinator 10/21/2011.  dent #28 care giver, hydration aide A) #2 received in-service education	
441 4 SS=D   S	Interview on October 5, 2011, at 9:30 a.m. with the Director of Nursing, in the conference room, confirmed a delay in implementing the pharmacy recommendation.  483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441	on pr the S obser accor	roper hand hygicine on 10/07/2011 by staff Development Coordinator, rve for proper hand hygiene rding to facility policy by the Staff clopment Coordinator on 10/17/2011.	
s to	The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and inhelp prevent the development and transmission (02-99) Previous Versions Obsolete				×

	OF DEFICIENCIES CORRECTION	(X1) PROVIDI IDENTIFI	AL RVICES ER/SUPPLIER/CLIA CATION NUMBER:	57	IULTIPLE CONS	TRUCTION .			APPROVE 0. 0938-039 SURVEY ETED
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	OVIDER OR SUPPLIER				STREET ADDR	RESS, CITY, STAT	E, ZIP CODE	10/0	5/2011
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F 441 C	ontinued From pa	ge 26		F 4	41		······································		
(a) (a) (b) (1) det pre isol (2) con fror dire (3) han han prof (c) L Pers trans infections by:  Base and is	disease and infection Control ne facility must est ogram under whice I Investigates, con- the facility; Decides what pro- ould be applied to Maintains a recon- tions related to infections related to infect the spread of the facility must pro- indirect contact will transplant the facility must related washing is indicated washing in indicated washing is indicated washing is indicated washing in indicated washing in indi	Program rablish an Initial Program rablish an Initial Procedures, sure an individual rad of incident ections.  Indicate the distribution of Control Procedure to the prohibit empression of the procedure staff the procedure staff the provent the provent the provent the provent the provent the province of the province	revents infections ich as isolation, al resident; and its and corrective  n regram isolation to ne facility must loyees with a d skin lesions or their food, if ease. o wash their ontact for which epted  cess and ne spread of s evidenced acility policy erform proper		a) b)  3) W what ensurece a) Hi be ac Coor mont will t week mont  4) He mont not r will t  b) Th Comm if dee additi proce audits	Residents in the be affected. The nursing stateducation on properties of the Staff Develor of	Aursing will report hygiene monitoring to Improvement months.  Improvement ew these results; by the committe may be provided wised and/or the three months or	otice?  cotice?  cotice?  cotice on olicy by or.  cotice on will  cotice on will  cotice on olicy by or.  cotice on will  cotice on will  cotice on olicy by or.  cotice on ol	1/1/5011

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B. WING

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#### **DLONIAL HILLS NURSING CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE 2034 COCHRAN RD 10/05/2011

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FIX G	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
41	Continued From page 27 twenty-eight residents reviewed.	F 441		
	The findings included:	İ		
!	Observation on October 3, 2011, at 11:40 a.m., on the 100 hallway, revealed Certified Nurse Aide (CNA) #1 in resident #2's room adjusting the covers, then exited the room, repositioned a resident seated in a wheelchair in the hall and failed to wash the hands between residents.			
İ	Interview with CNA #1 on October 3, 2011, at 11:42 a.m., on the 100 hallway, confirmed the CNA had not washed the hands between the residents.		22	
the king of the control of the contr	Observation on October 3, 2011, at 4:17 p.m., on the 100 hallway, revealed CNA #2 offering drinks to residents from the hydration cart; CNA #2 entered resident #28's room, adjusted items on pedside table, touched the resident on the shoulder and exited the room. Continued observation revealed CNA #2 then pushed a resident in a wheelchair in the hallway, reentered esident #28's room and exited the room. Continued observation revealed CNA #2 retrieved a milkshake from the hydration cart, entered resident #2's room, assisted the resident to drink the milkshake, exited the room, and failed to the reash hands between the residents.			,
ha Re	aterview with CNA #2 on October 3, 2011, at 19 p.m., on the 100 hallway, confirmed the CNA and not washed the hands between the residents.			A
Ha	and Hygiene, revealed "Handwashingwhen ands are visibly dirty or contaminated"			

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F 441	Continued From pa	ge 28		F 4	41			
SS=D	The facility must may resident in accordary standards and practically organists accurately document systematically organists accurately document systematically organists assessment of the clinical record management in the clinical recorded; the preadmission screen and progress notes.  This REQUIREMENT by:  Based on medical resident facility failed to end was complete for one the medical record was wenty-eight residents. The findings included the findings inc	9:12 a.m., in the I and CNA #2 did not hygiene and information clinical reconce with accepted ices that are completed; readily accessized.  The resident; a rents; the plan of calle results of any ing conducted by the resident of calle results of any ing conducted by the resident of any ing conducted by the resident of any ing conducted by the resident of any ing conducted by the results of any ing conducted by the resident of any ing conducted by the resident of any ing conducted by the review and inguitable to the reviewed.	oon office, of follow the ection  ACCESSIB  rds on each professional plete; sible; and  ent ecord of the re and the State; denced terview, ecord ensure e (#23) of	F 51	1) What correct to a Resident for the correct to a Resident for th	Records Complete/Accura  corrective actions will be this alleged deficient practic  ident #2 medication adminated for August, September ober 2011 was reviewed by a conal Director of Clinical September ober 2011 was reviewed by a conal Director of Clinical September ober 2011 was reviewed by a conal Director of Clinical September ober 2011 was reviewed medicumented as administered.  ident #23 who was cared for september of the NP no long tice privileges in this facility with play the alleged deficient period by the alleged deficient peri	istration and the Services on cation were or by the ing ter-dated ger has ty.  Intential to practice?  Invising ords on its missing ords on its missing ords on its missing ords or has yet or the ing transcription or the inguitary ords on its missing ords.	
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	RTMENT OF HEALT		032/042 F-511 RINTED: 10/10/2011 FORM APPROVED			
CENTERS FOR MEDICARE &		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445181		MULTIPLE CONSTRU	CTION (X3)	MB NO. 0938-0391 DATE SURVEY COMPLETED
AME OF PROVIDER OR SUPPLIER COLONIAL HILLS NURSING CENTER				2034 COCHRAN		10/05/2011
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In a sign	Metoprolof Tartrate Metoprolof Tartrate Metoprolof Tartrate Medical record revie Administration Recorevealed "Metoprolof by mouth twice daily seventeen out of two scheduled medication administered.  Interview with the Di October 4, 2011, at 9 office, confirmed the the scheduled medical Resident #23 was ac 22, 2011, with diagnor Muscle Weakness, D Renal Disease, Hype Obstructive Pulmona Medical record review Assessment Summan Instructions dated Autop of page one of two Practitioner (NP) #1's age two and dated A Medical record review ugust 11, 2011, reve discharged) the facility terview with NP #1 of m., in the Conference gnature and date at the	ew of the Physician Orders vealed a physician's order for 25 mg (milligram) tablet take be daily.  Ew of the Medication ord (MAR) dated July 2011, alol Tartrate 25mg take ½ table (DX: CVA)", and enty four doses of the on were not documented as rector of Nursing (DON) on 9:15 a.m., in the DON's re was no documentation of eation being administered.  Imitted to the facility on July poses including Rehabilitation, difficulty Walking, End-Stage rension and Chronic ry Disease.  In of a Discharge gust 8, 2011 (dated at the pages) revealed Nurse signature at the bottom of ugust 8, 2011.  of a Nurse's Note dated aled the resident left y on August 11, 2011.  In October 4, 2011, at 9:00 the Room, confirmed the he bottom of page two was	F5	a) What what systensure the reque?  R a) Din lice Meetincl unate Med on 1 miss  d) The Laudit Recon week  Red on The Excensure of the Excensur	esident #2 cotor of Nursing inserviced the msed nurses on 10/17/11 on dication Administration which uded the process when medicativallable.  Sing Supervisors began auditing ication Administration Records 0/12/11 to ensure there were no ed doses of medication.  Director of Nursing will review of the Medication Administration for completion weekly for 4 as, then monthly for 2 months.  Sident # 23 coutive Director, Director of the Medical Director of Clinical Services a meeting with the Medical Director of Clinical Services a meeting with the Medical Director of Clinical Services a meeting with the Medical Director of Clinical Services a meeting with the Medical Director of Clinical Services a meeting with the Medical Director of Clinical Services a meeting with the Medical Director of Practice on 10/13/2 corrective action(s) will be to ensure the deficient practice on d what quality assurance prograinto place?  interctor of Nursing will report the of the Medication Administration and its not arrive the Medication Administration and the Medication	on is the daily the on ector i, as i 011. will am
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	Continued From particles back-dated by NP dated this after the 11, 2011; I always date on the top of particles with the National and the botton Discharge Assessminstructions is to be form is signed.  Interview with the Aaa 2011, at 5:50 p.m., confirmed the botton Discharge Assessminstructions is to be form is signed and stallification and is not confirmed to main ecord for the resided acility failed to main ecord for the resided acid to the resided aci	#1 and stated, resident dischedate thereage one."  Medical Director, in the Conference of page two ment Summary dated on the additional and acceptable of an acceptable of an accurant.	arged on August of to match the or on October 4, ence Room, on the and Discharge actual date the on October 4, once Room, on the and Discharge actual date the ating is le standard of firmed the te medical	F 5	b) which is the control of the contr	Performance 10/25, praction of the Performance 10/25, praction of the Performance 10/25, praction of the Performance 10/25, praction of the Performance 10/25, praction of the Performance 10/25, practical pr	Executive Director will represent Cormance Improvement Cor. /2011 that NP#I no longe cc privileges at this facilities formance Improvement Cor. these results; and if deen by the committee, additionary be provided; the processed and/or the audits months or until 100% components or until 100% components.	nmittee on er has ty.  committee ned nal sess eviewed, oliance is	11/4/2011
2001(0	E-99) FIGUIOUS VEISIONS Obs	soletë	Event ID: BNDL11	Fac	cility ID: TN050	02	If continuation	n sheet Pag	e 31 of 31

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